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HEALTH CARE FOR THE PEOPLE, BY THE PEOPLE

by JEAN-MARC FLEURY

Throughout the developing world the medical system inherited from the West is seen to have less and less relevance to the health of most of the population who have no access to, and cannot afford, highly trained doctors and hospital medicine. An alternative is Primary Health Care, the subject of a major UN conference to be held in Alma-Ata, USSR, in early September. As the conference theme paper states, and the following article illustrates, making the best use of resources at hand is vital to the success of primary health care programs, and the most important resource of all is people.

Mrs Kim Ok Ja is a bright-faced woman of 33 who lives with her husband, her three children, her husband's parents and his brother in a four room mud-brick farmhouse in a small village in Kangwha county in South Korea. A village health worker, Mrs Kim has been visiting 135 neighbouring families for the past two years, inquiring after their health and acting as the first line of medical defense if they are ill. She is one of 20 such workers in two of Kangwha county's 13 townships taking part in an experimental project to improve health care and family planning using low-cost personnel.

Mrs Kim visits her "patients" in their homes, keeps files on them, gets to know them -- and their problems -- well. Then, once a week, she reports to the local medical clinic (The Sun Won Health Subcentre) set up by the government and staffed by a doctor, nursing supervisor, midwife and two health workers. If her families have illnesses she thinks require medical attention, she refers them to this clinic.

Although she may not know it, Mrs Kim has counterparts in many developing countries that are attempting to improve health in rural areas through community participation and the involvement of villagers trained in

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basic health care. The American Public Health Association has, in fact, identified 180 projects of this kind in developing countries. The one in Kangwha county, Korea, is rated among the best.

The International Development Research Centre (IDRC), of Canada, is supporting rural health care delivery programs in Bangladesh, Colombia, Haiti, Iran, Panama and Thailand as well as Korea, that are experimenting with village health workers. Although these programs vary from country to country depending on the particular problems faced, they share many of the same objectives and methods.

In Colon Province of Panama, for example, 40 village health workers were trained by the government as part of an experimental rural health program. Their first task was to involve the villagers in a survey of the health situation in the villages, the first such survey ever undertaken. By completing the questionnaires and compiling the statistics, the villagers were able to discover their problems for themselves. They then set health priorities with the health workers' cooperation.

In Thailand, Khon Kaen University undertook two experiments simultaneously: the introduction of a special curriculum for doctors interested in meeting the needs of rural areas, and the training of village health workers.

A course was designed to train medical students to work specifically in rural areas. Like the traditional course it lasts six years, but a year of theoretical studies has been replaced by an additional year of clinical work. Courses in sociology, economics and psychology have also been added and the new rural doctors can specialize in matters related to malnutrition, tropical and skin diseases, and parasitic infections. To facilitate acceptance of these doctors in the villages, preference is given to students from rural areas.

Once they set to work these doctors can depend on the cooperation of a corps of part-time health workers recruited from the villages. The initial training of the Thai auxiliaries is only two weeks long, but they return for further instruction every six months, for two years.

In the south of Venezuela, communications are such that too much time would be lost if the health workers were to be called back. They, therefore, receive a six-month training course that enables them to promote hygiene and combat malaria, malnutrition and anemia.

Village health workers do not, of course, attempt to replace doctors. Their role is to provide basic preventative and curative health care, and carry out education on hygiene, environmental sanitation and, in some programs, contraception, thus freeing the scarce doctors to deal with the more serious cases. In the district of Noakhali in Bangladesh, for instance, there are only three doctors to care for 120,000 people. Village health workers having received five weeks of training were put in charge of five sub-centres: they visit homes, treat malaria and advise women on nutrition, vaccination and contraception. The doctors visit the subcentres every two weeks.

These programs are at different stages of development, but their effectiveness is already apparent. In the province of Fars, in Iran, volunteers from 16 villages were trained for six months by the Department of Community Medicine of Pahlavi University. A survey carried out 15 months after they began work showed that infant deaths in particular had been reduced and the general death rate considerably lowered.

In Korea, infant deaths from tetanus have been virtually eliminated in the project area. The rate of vaccinations is almost 100 percent, compared to the national average of less than 30 percent of the population. And, according to Dr Il Soon Kim, the project supervisor, the birth rate has also been reduced.

One reason for the success of these programs is that the health workers are accepted by the villagers. Another reason is community involvement in the programs. In Colombia, parents were taught to measure the nutritional condition of their children and, with the help of the health worker, discovered why many were malnourished. This personal involvement has led to the planting of gardens to improve the family diet. Many families have also constructed sanitary pit latrines and now regularly purify their water.

The ability to communicate and inspire confidence is perhaps the health workers' greatest asset. In fact, program officials have learned from these experimental projects that they have tended to be overcautious in the recruitment of trainees. In strict Moslem or Hindu regions, for example, it was found that women were well accepted, contrary to previous assumptions. In Bangladesh and Korea, illiterate health workers are often more effective than their literate counterparts because villagers are able to relate to them more easily. Age need not be a constraint since it was found that auxiliaries as young as 15 could be successfully trained and accepted by the community.

Each country will need to find its own solutions to its health problems. But these projects show that when the problems are met head on, with imagination and the involvement of the rural people themselves, they can be solved.

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